

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549387

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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10						
11						
12						
13						
14						
15						
16	1					
17		1				
18		2				
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26						
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28						
29						
30						
31						
32	1					
33		1				
34		1				
35		3				
36	1					
37		1				
38						
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41						
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46						
47						
48						
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54	1					
55						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						